

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)	09/857115					
CLAIMS						*	*	*				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51					
2	1						52					
3	1						53					
4	1						54					
5	1						55					
6	5						56					
7	5						57					
8	5						58					
9	5						59					
10	5						60					
11	5						61					
12	5						62					
13	5						63					
14							64					
15							65					
16							66					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	1						TOTAL DEP.					
TOTAL CLAIMS	1						TOTAL CLAIMS					